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Transactions of the Illinois State Medical Society, for the year 1853. "On the uses of Turpentine; by SAMUEL THOMPSON, M. D., of Albion, Illinois."

A Dictionary of Practical Medicine, Comprising General Pathology, the Nature and Treatment of Diseases, Morbid Strictures, &c. By JAMES COPLAND, M. D., F. R. S. Re-published by Harper & Brothers, New York.

"Render unto Cæsar the things that are Cæsars."

(Continued from page 54.)

We have no doubt that Dr. Thompson will find by a further experience of the use of Turpentine in Diarrhœa alba, at least in that form which arises from an excited, inflamed or ulcerated condition of the mucous membrane, especially when the disease is of some duration, and is passing or has passed into a chronic state—that it is, without any exception, the best remedy that we possess for removing the morbid condition on which the diarrhœa depends, if one medicine only is used—although in a majority of cases, other medicines may be given with advantage, either separately or in combination with it.

We will here relate a case, to which we were called early in the morning of July 12th, 1844, and in which Turpentine was used alone in the beginning, but unsparingly and successfully. The

patient was a girl three years and two months old. We had heard of the case some ten days before we saw it, and almost daily after—and that it was gradually getting worse, and at two o'clock in the morning had been told that the child was dying. We had barely reached home when the father rode up, and asked if we would go over to Wyoming and see his child, which he had no doubt was dying. He told us that the senior Dr. had not seen it for three days—failing to come yesterday, he presumed the Dr. had given up the case. The Dr. in attendance had refused to give it any medicine, or do anything else for it since the day before, for the child was dying, and it would be useless and cruel to disturb it. Without any real occasion, there had been some prejudice in us towards this family, and we were perfect strangers to every member of it; this feeling was known, for we always take the trouble to let any one whom we dislike know the fact, for to us it is the most unpleasant task belonging to the profession, to attend such in any case of sickness, and especially if the sickness be of a dangerous or fatal character, and this was the reason why we did not earlier see the case.

On arriving at the Garden gate we were met by the mother, who convulsively took our arm, and said with an evident depth of feeling, that mothers only experience, "Dr. H., my only child is dying, and I want you to do something for it, although you may know that it will do it no good, for it will relieve my heart which is breaking."

On entering the room we found the child in a cot, breathing rapidly, and with a death-like countenance: a napkin had just been removed, and the discharge contained nothing except mucus and muco-purulent matter. We stayed not to make inquiries—"desperate cases, require desperate remedies," and the sooner they are used the better. We gave the child two tea-spoonfuls of Turpentine, losing something like a third in the exhibition of it. An ounce was mixed with three ounces of gruel and thrown up the bowels, and a flannel moistened with Turpentine was wrapped round the body and covered with a greased newspaper; this occupied about five minutes. We then retired for a few minutes, and

on our return ventured, from the great change in the countenance, to relieve the breaking heart by giving, somewhat gradually, however, a favorable prognosis.

This is another case where the system immediately recognized the efficiency of the medicine.

We then took breakfast, which occupied some fifteen minutes, and on our return to the patient found it breathing easily and sleeping sweetly, although the surface was literally as "red as a boiled lobster." There was no farther difficulty; a few drops of Turpentine three times a day for four days arrested the mucous and muco-purulent discharges, and a few doses of Hydrarg. cum Creta occasionally given for five days, completed the cure; the discharges when they became feculent manifesting an absence of bile.

We are totally ignorant of the prior treatment of the case, although the Physician in attendance was present when we entered; we had not spoken to him for over two years, and the feelings we had towards him forbade any enquiry.

There is another form of Diarrhœa in which the discharges are *white*, large in the beginning of the disorder, contain a great quantity of gas in small vesicles, and in appearance very much resemble yeast. This form is generally met with in children during the hot summer months, and probably depends on a torpid condition of the liver, and it readily yields to the Hydrarg. cum creta given three times a day until the stools become yellow, and once every, or every other day for a week, or longer should the discharges show a tendency to return to their former condition.

And yet there is another form of Diarrhœa in which the discharges are white, but less feculent, more offensive and more frequently voided than in the preceding variety. We have met with it more frequently in the spring than at any other season of the year—the abdomen is always large and the countenance sallow and unhealthy. For this variety we have found the Iodide of Mercury, given until the discharges become yellow, and afterward the Sulphates of Quinine and Iron, the best treatment.

We refer to these, because Turpentine in our experience has

been useless as a remedy in such cases, and yet they would evidently come under the somewhat vague designation of white Diarrhœa; but on the other hand, in Diarrhœa arising from the pathological conditions first mentioned, it is by far the most efficient remedy we possess, and we say this on an experience of over twenty years and in hundreds of cases.

We have only had an opportunity of giving Turpentine in one case of hæmatemesis, and although no vomiting of blood occurred after its exhibition, still we had some little doubt whether its arrest depended upon that medicine; but the authority of Copland is warmly in its favor and to the point.

"Notwithstanding its usual nauseating effect, Turpentine is generally retained in hæmatemesis, and it allays the vomiting by arresting the hamorrhage. It may be given in any dose, from twenty to thirty drops every half hour, to half an ounce or more at considerable intervals; it may also be administered in *enemata*, or applied externally in the form of *Liniment*, or *epithem*. I have resorted to this practice upwards of twenty years, and am convinced that it is safer and more appropriate, generally, than any other yet recommended."—*Copland, op. cit. Volume 2, Page 98.*

Collodion in Erysipelas. By Hiram Nance, M. D., of Lafayette, Illinois. Read before the Stark County Medical Society.

I am happy to add for the good of mankind and the success of our profession, my experience (though limited,) in the use of Collodion in Erysipelas. All Physicians who are familiar with this disease look on it with suspicion, though trifling it may appear at its commencement or formative stage. Erysipelas appears in so many forms, and such variety of grades, that I believe few Physicians or Surgeons would attempt in a short essay like the present to give the different varieties. The kind that I refer to I will explain by citing a few cases.

Case 1st. I was summoned on the 11th day of Dec., 1852 to see J. M——, aged 16 years. He was of a nervo-lymphatic

temperament; I found him with his upper lip much swollen, and on making inquiries his mother informed me that there always existed a fissure in the part that the disease seemed to commence at, and that he was quite subject to sore lip. The lip was swollen so much that it was entirely out of its ordinary shape, the focus of disease seeming to be the fissure above mentioned. Connected with the swelling there seemed to be a point containing matter near the center of the disease; this point was covered with a whitish eschar, but on puncturing it with a lancet but a very small quantity of matter would exude. After two or three days, as the swelling increased from the lip up to the nose, cheek, and on the scalp over the parietal bone, these little whitish points increased in number, but varied nothing in description. The swelling was enormous on that side of the face and head; so much so that his physiognomy was entirely changed, and he would not have been recognized by his nearest friends. The tumefaction also extended into his mouth, being so great that it was with great difficulty that the act of deglutition could be performed.

The type of sympathetic fever was neither sthenic nor asthenic, being of a medium grade—pulse about 100—profuse perspiration most of the time, but little delirium at first; but as the disease advanced he became quite wild and incoherent, no intermission of fever, but slight remission—Bowels torpid.

Treatment.—Gave 8 or 10 grs. Prot. Chlo. Hydr., to be followed in 4 hours, with Sul. Magnesia ζ ss. every 2 hours until the Bowels are moved. After this I gave Sol. Tar. Emet. and a Dover Powder to quiet the system. Cold applications were applied to the head, and cold lead water applied in saturated cloths to the diseased parts. This local application I applied until I was satisfied that it produced no favorable effect. I then used Nit. Sil. in substance, and a strong solution until I was confident that nothing important could be gained from it. Poultices &c., were applied cold and hot, but all to no use.

I omitted to say that I gave Quinia at the intermission, but it shared the same fate with the other remedies, being destitute of any perceptible value. This treatment was continued until the

fifth day and my patient grew more and more delirious with contracted pupils, and expired with a diseased brain, connected with the Erysipelas. I did not see this patient until he had been ill some three or four days.

Case 2.—About ten days after this time, E. H——, a Gentleman of about 40, was attacked in the same way. He had been out all one night and was exposed to a North West wind; on the third day he was taken with chilly sensations, succeeded by fever, and the lip commenced swelling; on the second day after this I was called, and I resolved to try something new, and as Collodion had been mentioned in the Journals, I determined to give it a trial. I made an application of it all over the swelling—gave him the same constitutional treatment I did the other—ordered the Collodion to be applied every four or five hours. At my next visit on the succeeding day I was agreeably surprised to find patient better. There had been no increase in swelling, the pulse was slower, not much head ache. I ordered Quinia and kept the Bowels moved by Pulv. Rhei and continued the Collodion.

Third day, patient still better, but complained of tension of the skin, where the Collodion was applied, and wished a different application, and I was induced by his solicitations to make a different application, and dressed the parts with Unguentum Hydr. Fortis, with constitutional treatment the same, with an addition of wine.

Fourth day, patient not so well, swelling much increased, some more fever; removed the ointment and again applied the Collodion; constitutional treatment continued.

Fifth day, improvement again, and so continued until perfect health was established.

Case 3.—A week after this time a Brother of the above was taken with a chill, succeeded by a fever; and the upper lip commenced swelling. I was called immediately, and ordered Collodion to be applied every four hours; same constitutional treatment as the others. The swelling never increased any more, and of course convalescence was established immediately.

Case 4.—I was called in the month of April, 1853, to visit Mrs. R——, and found her with her face much swollen—had had Erysipelas before; fever asthenic; ordered a laxative of Calomel and Rhei, followed by Quinia and wine, and $\frac{1}{4}$ gr. Sul. Morph. every three or four hours during the night, to quiet the system and promote sleep; with Collodion applied all over the face, to be repeated every three or four hours. I visited her three days, and convalescence was fully established.

Case 5.—Six days from this time I was called to see J. R. R. husband of the lady last reported. The disease had been progressing for four days; the middle finger of the left hand was the seat of the mischief; sthenic grade of fever; ordered Calomel Jallap and Cream Tartar—Collodion applied all over the hand, the swelling and distension being so great, I sacrificed with some ease to my patient the most painful part. When the fever remitted I gave Quinia. Under this treatment my patient improved until health was established.

April Meeting. Gentlemen.—Since I last had the pleasure of meeting with you, in our County Medical Society, I have had an opportunity to test farther the virtues of Collodion in Erysipelas.

On the 26th day of February 1854 I was called to see Wm. S——, forty years of age; found him suffering from zona (shingles). The eruption was in groups, from six or eight inches, to not more than an inch square in surface, spreading from the right hypochondriac region, to as far up as on the neck. I ordered a mild cathartic, to be followed by a Dover powder, and if this did not quiet the system, to give morphia every three or four hours.

As a local application I used a solution of Nitrat. Argent.; this remedy I have frequently used before in this disease, but the disease under its use will continue several days. I used it for three days with but little, if any benefit in this case. My patient became discouraged as well as myself, and I determined to try Collodion; accordingly I made a free application all over the eruption and ordered it to be applied twice a day. In 24 hours I was agreeably surprised to find my patient sitting up, saying that

the "burning" had entirely ceased. I told him to continue it a few days longer; he did so, and the cure was perfect.

It is true that zona is not genuine Erysipelas, but should the remedy in subsequent cases prove so valuable it may save much suffering. Zona is a disease of very inferior importance, when compared with Erysipelas.

A child aged six years, of a scrofulous disposition, with the *Glandula Concatanata* of the lower jaw, in a state of supuration, was brought to me for treatment. I placed it on solution of Ferri Iodini, and the Tinct. of Iodine, to be painted on the parts that were not in a state of supuration. Five days from this time the child was presented again with very marked improvement in the glandular disease; but a herpetic eruption not unlike zona had made its appearance on the arm and forearm. I continued the Iodine treatment, and used Collodion, locally; improvement commenced immediately. It may be premature in me to report these two last cases, but should any member have similar ones, it would be a pleasure to me to have them test the virtues of Collodion and give me their experience.

On the 15th of march, 1854, I was called to see Mrs. H—, who was suffering under Erysipelas of the upper lip; fever, asthenic. I ordered mild cathartic of Calomel and Rhei. to be followed during the remission of fever, with Sul. Quinia in 2 gr. doses, every two hours, with local application of Collodion all over the lip, cheek, and up on the temples as far as the tumefaction extended. After the Collodion was applied, the swelling increased but very little.

Gentlemen, you will observe the first case that came under my care died. It is true that the disease had existed longer than any one, except one, before I saw him. Collodion was not used in his case. Had it been used, I believe my patient would now be in the enjoyment of good health.

You will also observe that I was induced in the second case to omit the Collodion, and on my next visit my patient was much worse; that I again prescribed it, and a continual improvement took place until convalescence was perfectly established.

In conclusion, I would say *use it* and *use it freely*, and I believe you will find a remedy that you will all confide in.

The makers, venders, &c. of Collodion recommended it for burns, scalds, fissures &c.; also as an adhesive agent. I would remark that I believe it not fit for any of these diseases, as the pain it causes in these, preponderates over all good that we derive from it.

Query. How does Collodion act upon the system or the diseased parts, to modify the disease so remarkably?

In answer to this I would say that I believe its favorable action is produced by an entire exclusion of all irritants acting immediately upon the diseased parts.

In most works or essays written upon Erysipelas you find various local applications recommended, such as Unguent. Hydr. Fortis, Adeps or Lard, Flour, Starch, Blisters, Nitrate of Argent. in substance or strong solution &c. &c., none of which so effectually excludes all irritants as Collodion. Of all the irritants that act upon Erysipelas none are probably so pernicious as the atmospheric air. Some authors have remarked the application of Lard was probably as valuable as any local agent, and I believe until Collodion was used it had equal advantages with any.

I don't wish to lay too much stress upon this valuable therapeutic agent, and place our whole and only hope upon it alone. No, Gentlemen, look to the system, and treat it upon a sound pathology. If there is a miasmatic state, then in conjunction with the local application of our favorite remedy, administer Calomel, Quinia &c. If you find a highly phlogistic state of the system, open a vein and reduce the person to the state you wish. If there is asthenia in an anæmic patient, administer wine, steel, &c.

A Case from my Note Book. By J. C. HINSEY, M.D., Pe-
kin. Illinois.

John Ryan, aged 22 years, large and muscular, received an injury in the back from a brick bat during a riot between six or seven Irishmen, Sunday, August 14th, about 4 o'clock P. M.

On arriving at the place where the fight occurred, in company with a number of citizens, the countenance of the patient attracted my attention immediately, as betraying evidence of severe injury. I expressed my opinion to that effect to the men who seemed to have the patient in charge, (his comrades), and who were trying to make him sit up in a buggy for the purpose of driving home, and to escape the officers of the law. The patient being in a state of syncope, of course they could do nothing with him. I voluntarily directed him to be removed from the buggy, and laid in a horizontal position. Thinking that the syncope would soon pass off, and not having anything better, I prescribed a little tinct. camph. internally, and to his face; but the circulation and respiration not returning. I proceeded to examine his body for the marks of the violence. I found a small contusion with ecchymosis on the third, fourth and fifth false ribs on the left side, immediately in front of the angle. The countenance of the patient became cadaverous, respiration performed at long intervals, with no pulse in the radial artery and very feeble action of the heart. Face and hands covered with cold clammy sweat. Extremities ice-cold with no sensation of touch.

Had patient removed to a bed, ordered brandy *internally*, *hot dry bricks around his feet and legs*. 10 o'clock P. M., reaction fully re-established, arterial action disturbed; pulse 120, rather feeble; complains of great pain in the the bowels, especially in left lumbar region; tenderness of pressure; respiration hurried and difficult; sense of suffocation, thirst great, with occasional vomiting; same anxious expression of countenance, as generally attends severe uterine hemorrhage. Not feeling satisfied that the state of the pulse and other symptoms would warrant bleeding, I ordered the following cathartic:

R Sub. Mur. Hydr., grs x,

Pulv. Jallappæ, " v, M.

15th.—8 o'clock A. M. Cathartic of last night not operated; great pain in the bowels, increased by pressure; pulse 140, *full and strong*; eyes a little suffused; respiration 56 per minute, laborious breathing, principally with the abdominal muscles; pas-

sed some urine during night, in small quantities and with great difficulty.

Took 32 oz. blood from the right arm, and ordered the following:

R Ol. Ricini ʒj.

Ol. Terebinth. ʒji. M.

One o'clock P. M. Oil operated twice, which gave some relief for a short time. Patient about the same as at morning visit; pulse 140, not very strong; respiration 50 per minute and laborious; pain continues in the bowels; great thirst with ejection of the water; tongue becoming a little red and dry; skin hot and dry. Gave R Sub. Mur. Hydr., grs. iv.

Ipecac, " jii.

Nit. Potass., " v. M. every three hours.

Five o'clock, P. M. Dr. Hoffman called in to counsel—Diagnosed inflammation of the lungs, stomach and bowels. Patient nearly the same as at last visit. Pulse 140, full and quick; respiration 50 per minute; great anxiety of countenance.

Gave R Ext. Aconitum, grs. x,

Aqua. ʒj. M. every two hours a tea-

spoon full.

Nine o'clock, P. M. Saw the patient with Dr. J. S. Maus. Is some worse; pulse 145 full and strong; respiration the same as last noticed; skin hot and dry; expression more anxious; pain in bowels still continues. Bled again 32 oz from arm—bleeding gave great relief—continue cal. powders every 4 hours with small pieces of ice to swallow.

16th.—Nine o'clock, A. M. Patient sinking, with cadaverous countenance; pulse flickering irregular; constant vomiting light yellow bilious matter; skin yellow with inject on of bile, also passing billious matters from the bowels every few minutes; some degree of suffocation; has not retained any of the medicine since last night; extremities cold. He expired at half past 9 o'clock.

Autopsy, seven hours after death:—Present, Drs. Hoffman, Wright and Maus.

General appearance.—Ecchymosis of whole posterior surface of the body; skin deeply tinged with yellow colored matter of the bile. The small contusion on ribs before mentioned; opened the

thoracic cavity by carrying incision from the superior extremity of the sternum to the umbilicus, and dividing the ribs at their cartilaginous junction after dissecting back the pectoral muscles. Lungs appeared to be forced towards apex of the chest. Engorgement of the upper lobe of lung; the posterior surface of the upper lobe of left side shows evident marks of recent inflammation. Base of the lower lobe also in state of inflammation, being greatly engorged with blood.

Heart and Large Vessels.—The external appearance of the heart is natural, both in size and color. Both ventricles empty; the valves normal; vessels in natural condition.

Abdomen.—Small intestines much stained with blood of a greenish color; omentum much lacerated and also stained with blood; found about one gallon of blood in the cavity, principally on the left side, and having evidently come from the splenic vessels. That organ is nearly three times as large as natural, and engorged with very dark green blood; the vessels of the spleen were in such a condition that we could not determine exactly the point of the hemorrhage. The liver was somewhat enlarged, apparently from previous disease. The stomach, like all the rest of the organs in the abdominal cavity, was stained with blood; mucus membrane of stomach healthy; about half a pint of vitiated bile in that cavity.

The immediate cause of dissolution having been discovered, and time not permitting, the examination was not carried any further.

I remark that the patient had been subject to repeated and obstinate intermittent attacks, and suggest that the abnormal size and softening of the substance of the spleen, would render it liable to such an accident as the above. When we reflect that death is often produced by such slight causes, we ought to be reminded not to treat with too much indifference those apparently trifling cases; for they may become the most serious. It is true, perhaps, that such cases will not happen except in subjects rendered peculiarly liable to them by previous disease, but of such the practitioner cannot always judge before hand.

SELECTIONS.

From the London Lancet.

On the Connexion of Rheumatism with Scarlatina. By NATHANIEL J. HAYDON, Esq., M.R.C.S.E., L.S.A.

I have been much struck with the abstract of a paper lately read by Dr. Willshire before the Medical Society of London, "On some Points in the Pathology of Rheumatism in Children." The part most interesting to myself is that on the connexion of rheumatism with scarlatina. I can hardly coincide with the views of Betz, and declare for the actual identity of scarlatina and rheumatism; but I admit there is a most remarkable analogy between the phenomena, especially the secondary phenomena of these affections. In the year 1850 and 1851 I attended several hundred cases of scarlatina. From May to September (1850), in the village of Hennock (containing with two small contiguous hamlets, about 350 souls,) I attended 135 cases of the disorder. I had the opportunity of seeing every case, save one, of watching every case, and noting their symptoms. I had never heard of the views of Betz, or of the supposed identity of the two diseases. My own views on the matter were first directed to the close analogy of the two affections from the following circumstance:—Three children were ill in a family. On one of my visits the mother complained of great fatigue, as the whole care of attending these three children had fallen on her, from an elder daughter having been suddenly attacked with rheumatism. I saw the girl, and she had all the phenomena of acute rheumatism, together with fullness around the eyes, loss of color, and pain in the back; she had had no rash, sore-throat, or other usual sign of scarlatina; she had been well up to the night before; she now had albuminuria. I ordered for her a smart calomel-and-jalap purge, and an ounce and a half of lemon-juice three times a day. In three days she was convalescent, and in three more every trace of albuminuria had subsided. I imagine this case to have been one of scarlatina, without eruption, and the first manifest symptoms to have been that arising from disease of the kidney, producing albuminuria. This state of the kidney was very general during the epidemic. I had under my own care more than forty cases of severe albuminuria during the two years.

Another remarkable analogy between rheumatism and albumin-

uria will be found in the great tendency of the blood to lose its coloring matter. In a fine boy of ten years old, suffering severely from albuminuria, I took blood from the arm; it was remarkably poor in coloring matter, as also in crassamentum, while the fluid part had more the appearance of milk-whey than anything else. This boy recovered very fast after the bleeding, only requiring an occasional purgative. I had occasion to bleed three others, all strong boys from ten to twelve years old. The same deficiency of coloring matter and crassamentum was found in each, though not so much of the whey-like appearance in the serum. Those three also recovered. I had previously, in the three first cases of albuminuria that presented themselves, used warm baths, leeches to the loins, blisters, and saline purgatives, on the plan so strongly recommended by the late Dr. Miller; they died. Among the three children ill in the first house I have alluded to, two were afflicted with albuminuria. Seeing the good effect of the lemon-juice with the elder sister, I gave it to these children, and it succeeded admirably. I have since given it to more than thirty cases of scarlatina, abuminuria, and in only one has it failed, and this case failed more from general neglect than anything else.

At the village I reside in there were about 1100 persons. In 1851 we had scarlet fever there as an epidemic, when I had fifteen cases of acute inflammatory rheumatism under my care. I could only trace the diseases as an open sequela to scarlet fever in one, and this case was very remarkable. A married woman, thirty-two years old, had a slight attack of scarlatina. On the rash disappearing she was seized with acute arthritis—I think the most acute attack I ever saw; there was albuminuria. She recovered. I am too old to trust to specifics, but I have very rarely seen an acute arthritis, or an acute attack of scarlatinal albuminuria, that has not been very speedily relieved by lemon-juice and an active purgative; it was so with this woman.

If the views of Betz are correct, perhaps we may arrive at some solution of the mystery—what is the cause of death, in some cases of scarlatina, when the whole power of life seems to be at once subdued—in short, where the first symptom of disease is death? Now, in the only cases which present death, as it were for the first symptom, we have an entire prostration of the power of the brain. I have seen this occur twice—i. e., sudden coma, death. In one case, in 1851, during the summer, I was suddenly called to see a child ten years old; it had come in from play, complained of sickness, was much convulsed, shortly became paralytic on the left side, then comatose, and death supervened ten hours from the first attack, the usual rash being thickly spread over its skin before death. The child had never shown disease. I could not obtain a

post-mortem examination; but we may expect meningitis to have ensued. Now, what was the cause of the latter? Was it meningeal rheumatism? It is said never to occur. I witnessed three cases of death at Hennock in the early stages of scarlatina, each within the fifth day of the eruption, from acute pleuro-pneumonia, with effusion; yet text-book writers say this state of things never happens, except as a symptom of scarlatina maligna. I have never seen meningitis as one of the sequelæ of the disease. There is one characteristic of scarlatina—viz., the extreme frequency of ulceration, particularly of the posterior nares, tonsils, and fauces which so rapidly supervenes on the first inflammatory symptoms which serve to mark it as different from rheumatism, for rheumatism however acute, is certainly not very prone to that state of things (at least in the country) which ends in ulceration; yet there is a strong analogy between the way the inflammatory action of the tonsils may be in many cases controlled, and the way in which we control rheumatism when it has fixed on some particular part—e. g., by the external application of stimulants. In the inflammatory sore-throat of scarlet fever, I have repeatedly applied a liniment (on hot flannel) of fourteen parts of turpentine, one and a half of spirit of camphor, and one and a-half of tincture of cantharides; it produces the most intense irritation. I have seldom seen it fail of giving immediate relief, and checking the ulcerative process, and rendering more certain the effect of the local application of the nitrate of silver. We have all seen a mustard plaster or other stimulating application relieve a joint afflicted with rheumatic inflammation. We have seen also, cerebral rheumatism quickly relieved by mustard to the feet and legs, especially if at the same time we have exhibited an opiate. I know we are told that an opiate would do alone, but I have found it fail more than once, though if not contra-indicated by other symptoms, I have always resorted to it in conjunction with counterstimulants. A friend of my own, a young medical man, while a pupil in London, had scarlatina very slightly, but it was followed by a most acute attack of rheumatic fever, with pericarditis, and there was at the same time great functional disturbance of the brain. He is now well, and in practice.

A young man whom I daily see had scarlet fever slightly, seventeen years since. It was followed by acute arthritis, from which he recovered, but with an ankylosed knee. So closely do I consider scarlatina and rheumatism to be related, that I make it a rule on the decline of the rash, to administer lemon juice; and since I have followed this plan I have not lost one single case from the sequelæ of that disease. To Dr. Owen Rees I feel greatly obliged for having so prominently directed the attention of the profession

to the use of lemon juice in certain forms of rheumatism, and I feel very sanguine that it will not fail in many of the affections that are considered as secondary to scarlatina, but which, in fact, I believe will be found to depend on a diseased state of the blood, very analogous to the state of the blood in rheumatism. It appears to me to be a very uncertain point if the state of the kidneys is not reduced as a part and parcel of scarlatinal fever. I rather regard it as a secondary affection, induced by the diseased condition of the blood.

Bovey Tracey, near Newton Abbott, Feb., 1854,

From the Virginia Medical and Surgical Journal.

On the of Treatment of Phthisis by Iodine Inhalations. By
M. PIORRY.

M. Piorry read an interesting paper on this subject to the French Academy of Medicine, (Jan. 24th, 1854,) from which we take the following extracts:

The majority of remedies hitherto employed in phthisis have been almost or entirely useless. Various medicinal agents have been vaunted as efficacious in this disease, and then, after a few trials, experience has condemned them, and they have been abandoned and forgotten. Will the preparations of Iodine share the same fate? There is reason to hope that this will not be the case, and it is the design of this memoir to set forth the facts which authorize this hope.

I was induced to employ iodine and the vapours of iodine in the curative treatment of pulmonary phthisis by the following circumstances. It was known that iodide of potassium possessed a real and even prompt efficacy in chronic ostitis and periostitis, in scrofulous glandular enlargements, and in many other affections more or less allied with tuberculosis; M. Deyne, an interne of my service, and I, concluded that this remedy would be useful in phthisis (pneumophymie.) The results of our experiments were very satisfactory. A striking amelioration took place in many of our patients, and this amelioration was real, for of the patients mentioned in my work on Practical Medicine, three or four are still living in the enjoyment of good health.

After the successful treatment of hydrocele and tuberculous disease of the testicle by iodine injections, it was natural to attempt to obtain similar results in pulmonary excavations. It would have been difficult, if not impossible, at all events it would have been extremely rash to have injected tincture of iodine into the air-passages. We therefore bethought ourselves of the vapour of iodine.

In hospital practice it was necessary to select the simplest meth-

ods of inhaling iodine. One or two scruples of iodine was accordingly placed in a wide-mouthed jar of the capacity of a quart; the vapour of it was disengaged spontaneously with more or less rapidity according to the degree of heat and moisture of the atmosphere.

When we used the tincture of iodine, we poured from one to three ounces in the jar, and heated it until the vapours of alcohol and iodine were liberated.

The patients breathed the air contained in these recipients, and charged with alcoholic and iodine vapour. One inspiration at a time is sufficient, but it should be deep, as when a sigh is heaved. Such an inspiration produces little irritation of the air-passages; it should be repeated one or two hundred times every day, at intervals, for several successive inspirations produce pain in the larynx and bronchi, and cough.

Even during sleep the patient should inhale iodine. For this purpose several saucers, each containing one scruple of iodine, should be placed about the pillow. At the hospital, we attach numerous phials of iodine to the iron frame which supports the bed curtains. The air thus becomes saturated with iodine; the starched curtains are colored blue, and the iron of the bedsteads assumes different tints under the action of the iodine.

If a moist starched paper is interposed between the jar containing iodine and the patient's mouth as he takes an inspiration, it turns blue; if the same air, after traversing the lungs is breathed upon the paper, it causes no change. The inference from this fact which I have observed very frequently, is that the iodine which entered the lungs is absorbed there, during the brief sojourn of the air in the air vesicles.

The majority of the patients subjected to this treatment at *La Pitie*, *La Charite*, and in my private practice, took also from twenty to sixty grains of iodide of potassium daily. In all those cases in which the extent of the lesions rendered it probable that adhesions, or that remarkable supplementary circulation so well described by Natalis Guillot, existed between the pulmonary and costal surfaces, we had recourse to frictions with tincture of iodine diluted with 19 parts of water. The patients were placed, in some cases, under other modes of treatment: 1. Under the use of tartar emetic in small doses, the fifth of a grain, for example. This heroic remedy was employed chiefly in those cases in which mucous, puriform, or purulent liquids accumulated in the bronchi, and produced a tendency to asphyxia or hypoxæmia. 2. Under the use of astringents, when the state of the intestinal canal required it; albumen, opiates, phosphate of lime, subnitrate of bismuth, etc., were employed with this object, but their use was

discontinued as soon the diarrhœa (enterozhœa) was suppressed. 3. Under the use of quinine; in large doses when the spleen was congested; in small doses when there was simply a nightly exacerbation of fever depending upon the entrance of pus or softened tuberculous matter into the circulation. 4. Upon a nutritious and reparative diet; a very important point, for surely, if I was called upon to choose between hygienic precautions and the whole category of remedies besides iodine, I should give the preference to a good regimen. 5. Belladonna, opium, and other narcotics were employed, though rarely, to moderate the cough.

The cases which I have treated have not required the use of setons, issues, permanent blisters, or moxas, and I have not been able to comprehend the utility of these artificial pyogenic lesions in a disease in which the formation of pus is a disastrous accident.

Almost all of the patients remained in Paris. They were not sent to Nice or Pisa or other parts of Italy, a country where phthisical patients, coming from the north, in spite of all that has been said, recover no faster and no better than elsewhere.

Thirty-one patients have been subjected to the treatment thus described during the past two years. They all presented, in different degrees, the symptoms commonly attributed to pulmonary phthisis; that is, cough with puriform expectoration, hectic fever, emaciation; the majority of them suffered from diarrhœa, connected probably with tuberculous ulcerations; in many the larynx appeared to be involved in phymic disease; the majority had spit blood, (pneumoerhœmia.)

All of these subjects presented marked dullness at the summit of the lungs, either under the clavicle or at the superior scapular region. In most cases there was a hardness at these points, perceptible to the finger. Ordinarily it was possible to define the diseased structure accurately, and to distinguish the parts in which there was great condensation from those which had undergone less alterations of structure. In some cases a *bruit hydraërique* could be heard.*

In every case the stethoscopic signs were as positive as those revealed by plessimetry. At the points at which dullness and resistance had been noted, the ear recognized rude or tubal respiration, and more or less resonance of voice. In many cases large cavities were indicated by loud gurgling, cavernous respiration, and pectoriloquy. Each patient expectorated round, opaque, phy-

* The sound obtained by percussing over a cavity containing air and liquid. Percussion over the cœcum during typhoid fever often gives excellent examples of it.
—TRANS.

oid sputa, the amount of which corresponded to the extent of the disease as determined by other methods of exploration.

I desired to appreciate the effects of iodine with precision, and therefore I did not trust to the indications of plessimetry. I ordered charts, on which were described exact delineations of the diseased parts, and representations of the variations in sound upon percussion which occurred from day to day. In casting the eye over these figures, it will be seen that after four, six or twenty days, six weeks, or three or four months of the iodine treatment, there was in almost every case a diminution in the extent of the surface over which there was at first feebleness of respiration, dullness, resistance, etc ; that, at the same time, the stethoscopic signs indicated an amelioration in the condition of the condensed portions of lung. This result did not occur only in those patients who were slightly diseased, but in almost every case. Numerous patients with cavities in the lungs were apparently cured. The ultimate results were as follows: Decided amelioration in the symptoms and anatomical characters in 20 patients. Disappearance of the anatomical characters and of most of the symptoms in 7 cases. Death, with or without amelioration, in 4 cases.

After some reflections upon the possible mechanism by which iodine operated in the cure of phthisis, M. Piorry concluded with the following propositions :

1. The inhalation of the vapour and tincture of iodine are useful in the cure of phthisis, [pneumophymie.]
2. In many cases such inhalation is followed by a diminution in the extent of the indurated parts surrounding tuberculous deposits, and an amelioration in the general symptoms ;
3. It is probable that tubercle itself disappears under the influence of iodine inhalations ;
4. That inhalations of the tincture of iodine may promote the cure of tuberculous cavities ;
5. That after the softening of tubercles, the resulting cavities may cicatrize spontaneously ;
6. That compression of the thorax over the points of disease indicated by percussion and auscultation, may contribute to the cure of the local lesion, and to the prevention of pyæmia ;
7. That iodide of potassium administered internally, and frictions with diluted tincture of iodine over adherent portions of the lung, are also of great utility.

If, added M. Piorry, any useful therapeutical facts have been brought out in the preceding essay, I would observe that science and humanity are indebted for them to the progress of accurate diagnosis.

After this memoir was read, Dr. Londe observed that vapours

of iodine was not the only remedy which could be inhaled with advantage in phthisis; he had employed arseniate of soda inhalations with great success. M. Caventu remarked that this salt was not volatilizable, and that if it had been used in fumigations, that arsenious acid vapours alone had been inhaled. M. Chatin observed that some physicians considered goitre and phthisis antagonistic, and that iodine was the real remedy for goitre. M. Bricheteau complained that M. Piorry had not alluded to his successful treatment of phthisis by tartar emetic.

M. Moreau regretted that Professor Piorry deemed it necessary to veil his ideas in language differing from ordinary scientific nomenclature; the terms *phymie*, *pneumophymie* and *phymopneumonie*, which M. Piorry employed instead of the terms *tubercle*, *phthisis*, *tuberculous pneumonia*, etc., produced a deplorable confusion in the mind of the hearer. There was no reason, Prof. Moreau said, to encumber language with neologisms when there were already names for everything.

M. Piorry replied, with huge dignity, that an author who had published a work in eight volumes which had become a classic, had a right to use the nomenclature employed in that work. M. Moreau was not ignorant that Hippocrates employed the word *phymie*; it would be very unfortunate if in such an assembly, one could not be understood when employing words derived from the Greek.

From the American Medical Monthly.

Treatment of Psychological Disturbances in their first stage. By
Dr. ERLÉNMEYER.

Upon the treatment of psychological disturbances at their commencement, often depends the whole course of the disease, and especially the final issue in recovery or hopeless idiocy. A very common method consists in making large abstractions of blood, which seem required by the frequent exalted temperature of the head, the accelerated circulation in the cranial arteries, and the over-distension of the veins; in a word, the cerebral congestion, as it is usually expressed. Although the experience of all countries declares this treatment inappropriate, in most cases even positively injurious—although the testimony of all our hospitals for the insane is opposed to it; yet numerous cases still occur in which patients are brought, with rapid strides, to incurable idiocy, by means of copious blood-lettings.

The time is not long gone by, when, in our best insane hospitals, the use of narcotics, in the treatment of psychological diseases,

was wholly interdicted. This view was first changed by the recommendation of opium by Dr. Herman Engelken; and this remedy now began occasionally to be tried, and indeed, in somewhat larger doses than usual. The excellent result which followed this practice, in certain cases, continually encouraged to further trials; so that now it is considered indispensable by our best physicians.

The form of psychical disturbance in which opium succeeds best, is melancholy, in its various shades. It animates the patient, exalts innervation, and gives to the despairing sufferer new courage. I have tested this remedy in private practice. With few exceptions, mental disturbances, in their first stage, accost us as a melancholic temper, so that these cases also appear appropriate for the administration of opium. Upon different occasions, when I have been called to the treatment of commencing mental disturbance, I have therefore, decided upon the exhibition of opium, and have seen really surprising results from it, since many patients have not only been temporarily improved thereby, but for the most part have been completely cured.

Opium administered in large doses, operates, in many respects, entirely different from small doses. It produces no congestion of the brain; it does not induce constipation—on the contrary, I have, in several cases, observed severe diarrhoea following the use of this remedy, which required its discontinuance. I have, in all cases in which constipation followed the exhibition of small doses at the commencement, seen this disappear upon its continued and increased administration. The nutrition of the patient is very quickly increased, and I have repeatedly seen the weight of the body gain from two to three pounds a week. The courage of the patient, which in melancholy, is so depressed, becomes exalted; the constant complaints and lamentations are silenced; in short, the patient in a brief time is both corporeally and mentally changed.

In the hospitals, the exhibition of opium has been carried to six grains at a dose; and several physicians, especially those who first commended the practice, have carried it still farther, without observing any injurious effects. At the commencement of psychical disturbances, such doses, though they may be well borne, are not at once necessary; and the exhibition of from two to four grains twice a day will suffice completely to allay incipient melancholy.

The best form of opium is the powder, as such, or made into pills; whilst the tinctures and alkaloids have not been so efficient in my hands.

Whilst I now proceed to the indications and contra-indications, I should observe, in the first place, that the data brought forward

are imperfect; and that I here mostly appeal to symptoms, will be excused by the reader, who knows full well that the diagnosis of the condition lying at the basis of mental maladies is infinitely difficult.

The highest indication for the exhibition of opium is the hyperæsthesia, which presents itself at the commencement of psychical disturbances in so manifold a manner. It matters not whether this hyperæsthesia be of peripheric or central origin; nor is it of any consequence in which division of nerves it occurs. The excellent effect of opium in pure neuralgias, should have long since led to its administration in hyperæsthesia of other nerves; and would certainly have done so, had not various fears, which were based more upon theory than practice, deterred therefrom. That opium is not so dangerous a remedy as it is generally represented in the manuals of *Materia Medica*, I have thoroughly convinced myself; and many of our German Physicians, at the head of insane hospitals, will agree with me, whose authority must be acknowledged by every one.

Almost two-thirds of all psychical maladies commence as hyperæsthesiæ. One of the most common is the hyperæsthesia of the *Nervus Vagus*, with greater or less participation of the sympathetic, in the well known form of præcordial distress, which Fleming has so well described, and which, together with headache, he enumerates as the most constant symptoms of psychical disturbances. I have observed the præcordial distress in very different constitutions, as well of central as of peripheric origin, and always perceived good effects from opium.

The result is surprising when this præcordial distress is connected with psychical hyperæsthesia, a condition which is usually designated as *hypochondriacal melancholy*. These patients are fearful tormenting spirits to the physician, because they cannot be dissuaded from their hypochondriacal ideas by any process of reasoning.

A more numerous class of hyperæsthesiæ, which occur mostly at the commencement of psychical diseases, are the sensual. It is wonderful to what perversities patients are often led by this kind of alienation of the nerves of sense. A great part of the aversion to food occurring at the beginning of mental maladies, depends upon the hyperæsthesia of the glossopharyngeal or olfactory nerve. In food prepared in the ordinary manner, the patients smell and taste all possible singularities; when there is also simultaneously hyperæsthesia of other nerves, often of the vagus, they are sorrowful, anxious, distrustful, smell poison in their food, which increases and justifies their anxiety, and they begin to resist nourishment. Another complaint which we frequently meet

with in patients of this kind, is that those about them know their thoughts. I have found this in many cases, where there was as yet no particular mental derangement; it is evidently a minor degree of hallucination of hearing, induced by hyperæsthesia of the acoustic nerve. Such a condition very commonly precedes the outbreak of peculiar hallucinations, as I have repeatedly observed in a patient who suffers periodically from hallucinations, of hearing. A short time before the particular hallucinations, he has the sensation as if his thoughts were expressed by those about him, only that he does not clearly hear the particular words, as is the case upon the full development of the hallucination.

Most of the conditions which occur at beginning of mental diseases, may be referred to these hyperæsthesiæ, which are usually designated by all sorts of other names—*nervous irritability, exalted nervousity, nervous derangement, &c.*

When these hyperæsthesiæ exist in the manner just described, independent of any organic disease of the brain, manifested by anæsthesia, paralysis, &c., without the existence of any more serious affections of other important organs, of the heart, the lungs, the digestive apparatus, &c., which must be looked upon as the cause of the incipient mental disturbance, opium will do excellent service, and if it does not completely and permanently cure, it still effects an important alleviation; but in the last mentioned cases it does no good, and often may do harm.

There is also another contra-indication, which is not, however, very frequently in the way; it is vomiting occurring after the administration of small doses. We need not be much disturbed, nevertheless, on this account, since no greater disadvantage is to be feared than that opium will do no good. I must especially insist, that a coated tongue and other gastric symptoms should not deter us from the use of opium, since this is observed in almost all cases of psychical disease, immediately at the opening of the scene, and very commonly occurring as the first expression of alienated nervous function. Opium allays these so-called gastric symptoms generally very quickly, enlivens the appetite, and stimulates nutrition better than all stomachics. There are individuals in whom there exists an idiosyncrasy against the smallest doses of this remedy, who become thereby more excited, in whom a new train of symptoms is induced, as palpitation of the heart, ringing in the ears, greater disquiet, complete sleeplessness; in these persons we should desist at once from the farther use of opium.

Opium does excellent service, not only in melancholy, but in all other forms of psychical alteration which depend upon hyper-

æsthesia, if it is employed in the first stage of the difficulty, whilst in all psychoses of a torpid character, it produces little or no benefit.

Chloroform in Obstetrics.

We were surprised to see that in 180 cases of midwifery, in which chloroform was used, Dr. Barwell did not meet with a single case in which its use promoted the dilation of the os uteri and perinæum, and increased the secretion of the vagina. The experience of M. Caseaux confirms this observation, and reports a case in which very extensive laceration of the perinæum occurred while the patient was under the influence of chloroform. But most who have had any considerable experience in its use have come to a different opinion. In our own practice we have several times seen the soft parts very rapidly relax after the inhalation of chloroform where the rigidity of these parts had previously constituted the great obstacle to the immediate termination of the labor. In more than one case we have seen it completed without assistance where the chloroform was used as a preparation for forceps delivery.—*American Medical Monthly.*

From the London Lancet.

Treatment of Diarrhœa by Sulphuric Acid.

To the Editor of the LANCET.

SIR,—Having seen in the Lancet sulphuric acid so strongly and frequently recommended as a remedy for diarrhœa, I determined (as I had considerable opportunities of testing its efficacy) to give it a fair trial. I have now before me notes of fifty-two cases treated successfully with it. I administer the sulphuric acid in the following form:

Dilute sulphuric acid, two drachms; simple syrup, two drachms; tincture of opium, forty minims; water, six ounces. The patient to take a sixth part of the above mixture after each loose motion; in many cases two doses of the mixture are sufficient to check the diarrhœa. If the patient complains of cramp and pain in the abdomen, I order hot turpentine fomentations, and half or a third of a grain of morphia. If the vomiting is troublesome, a liberal supply of ice is allowed, which in this town is easily procured.

Sulphuric acid, as a remedy in diarrhœa, has many and great advantages over the chalk mixture. The latter is exceedingly nauseous, but the sulphuric acid is so pleasant that it is readily taken by children. It is decidedly more efficacious; it allays the

thirst which accompanies diarrhœa; it is not precipitated; it is not afterwards followed by the troublesome constipation which attends the use of chalk mixture, and it is a very cheap remedy. Of course I do not administer the sulphuric acid in those cases of diarrhœa arising from the presence of irritating or non-digested food in the stomach or alimentary canal.

Cholera (in all probability) will soon be here, and others, like myself may perhaps be induced to try this truly valuable remedy in combating its premonitory diarrhœa.

I remain, Sir, your obedient servant,

F. M. DAVIDSON.

Barking, Essex, March, 1854.

Common Salt in Intermittent Fever.

The use of common salt in ague has now for some time been advocated in Paris, especially by M. Piorry. It now appears, from a long report addressed to the Board of Trade of the French capital, by M. Willemin, late Sanitary Physician in the east, that the chloride of sodium is decidedly efficacious. The report concludes thus:

- "1. Common salt has well marked febrifuge properties.
- "2. In Damascus this salt stopped the fever six times out of seven cases; and even very small doses, as from two to four half-ounce doses in six ounces of water, were in most cases sufficient.
- "3. This therapeutical agent is especially valuable in anæmic individuals, upon whom the marshy influence acts most severely; and the great cheapness of the salt should induce the profession to give their serious attention to its virtue in intermittent fever."

From the Virginia Medical and Surgical Journal.

On Insufficient Alimentation, and the Value of Phosphate of Lime in Nutrition.

In the *Bulletin de l'Académie Impériale de Médecine*, for January, 1854, we find a report by M. Bouchardat, on the researches of a young and learned chemist, M. Moçries, in regard to the effects of phosphate of lime in the nutrition of animals, and the influence which the judicious employment of this salt is capable of exercising upon the mortality of children in large cities.

It has been a comparatively short period since physiologists began to appreciate properly the importance of inorganic principles in the phenomena of life. The farther we penetrate into this

complex problem, the greater is the importance attributed to bodies, the presence of which in the human organism was regarded as quite accidental.

Very dissimilar organic compounds may be substituted for each other in our diet without any disorder in the general harmony, but the inorganic principles can only be replaced by substances very closely analogous to them. Albumen, fibrin, and casein, and other more complex aliments, though differing in origin and composition, may fulfil the same physiological end, but it is different with inorganic principles. Lecanu has shown that iron is indispensable for the proper constitution of blood-globules; chloride of sodium is of primary importance also as a constituent of the liquor sanguinis, and it is only as an exception that we find, in certain graminivora, this salt partially replaced by the phosphate of soda or of potash. Liebig has shown that the chloride of potassium of the muscles cannot be replaced by chloride of sodium. Each inorganic constituent of the organism has, therefore, its definite and limited sphere of action, to which it is exclusively adapted.

Among the indispensable inorganic salts, the phosphate of lime holds an important rank. M. Mouries has devoted himself to the elucidation of its peculiar action. He deduces from his experiments the following conclusions:

1. Phosphate of lime plays a more important part in nutrition than has heretofore been believed. Independently of its necessity as a constituent of bone, this salt maintains that irritability without which there is no assimilation, and consequently no nutrition. Its insufficiency, therefore, produces death with all the symptoms of inanition, while its insufficiency in a less degree, produces a series of lymphatic diseases.

2. The food consumed in cities is deficient in this respect. Nurses' milk has, consequently, the same defect. The infant as well as the fœtus suffers from the deprivation of this element so indispensable to its development and life. Hence one of the causes of the increase in the number of still-born children, and of the mortality of infancy.

3. The addition of this salt, in combination with animal matter, to alimentary substances, obviates one cause of disease and death.

The following are the principal facts on which M. Mouries relies to establish these conclusions:

The blood of animals contains a constant proportion of earthy phosphates, which is independent of their ingesta. The pigeon ingests phosphate of lime slightly in excess, in the grain and calcareous gravels which it picks up; the horse swallows an excess, in its fodder; the dog procures a still greater excess from the bones on which he is fed; and yet the blood of the pigeon contains in

1000 grammes 1.20 of phosphate of lime; the horse 0.5; the dog 0.4. This result is not accidental; all birds whose blood has been analyzed have 1.5 to 1.2 of phosphate of lime, while the proportion in the blood of the carnivora and herbivora varies from 0.9 to 0.4. The proportion thus regulated by nature, is modified by age and sex. The bull, cow, and calf have the same food, yet their blood contains respectively 0.5 0.9, 0.8 of phosphate of lime.

The requisite proportion of alkaline phosphates varies, therefore, in different animals. A pigeon weighing one pound died at the end of ten months during which period he was fed daily on one ounce of wheat, with common water for a drink, by which rather more than a grain of phosphate of lime was ingested daily: on the other hand, a woman weighing 100 pounds enjoyed perfect health upon a diet which furnished her daily with 90 grains of phosphate of lime. Thus health in the one case, and death, in the other, with relatively equal quantities of this salt.

We shall recur to this example to show how complex are the conditions of these experiments, and what reserve is necessary in drawing conclusions from them.

M. Mouries asserts, and the fact has already been noted by Chossat, that if the proportion of alkaline phosphates of the food is deficient, there ensues atony of the digestive organs, imperfect assimilation, and death. To prove that pigeons die from want of phosphate of lime, we may observe that their death is hastened if they are allowed only distilled water, while their lives may be preserved by adding earthy phosphates to their food.

M. Bouchardt observed that the grain on which MM. Mouries and Chossat fed their pigeons contained only traces of common salt. The birds therefore should be expected to suffer from the deprivation of this principle. M. Bouchardt accordingly made this experiment; he confined two pigeons, and fed them on dried grain. In two months the health of the female became impaired; she suffered from thirst and diarrhoea and laid no more eggs. She was set at liberty. She flew immediately to a window-sill impregnated with alkaline chlorides, and began to peck eagerly; there was a larger quantity of salts on the interior of the window-frame; the pigeon entered through the open window, and permitted herself to be re-captured, so imperious was her demand for these principles. Her health was re-established; in three days she laid another egg. It is wrong, therefore, to conclude with M. Mouries that a deficiency of phosphates is the only cause of the symptoms he observed; in this case, the absence of chlorides was the obvious cause.

M. Mouries has established, by interesting calculations, that grain furnishes a sufficient supply of phosphate of lime for the

reparation of bone, but not for other essential functions of the economy. From the curious fact that there is a constant proportion between the temperature of animals, and the amount of phosphate of lime contained in their blood, he deduces the principle that this salt keeps up animal irritability, without which nutrition is impossible. The following table must interest physiologists:

PHOSPHATE OF LIME. TEMPERATURE.			
Mouries Poggiale.			
Blood of the duck,	-	1.50	42°5 cent.
— the hen,	-	1.35 1.25	41°5 "
— the pigeon,	-	1.20 1.23	40° "
— man,	-	0.80 0.6	37°5 "
— horse,	-	0.40 0.5	36°8 "
— frogs,	-	a trace.	9° "

If these results are confirmed, it will appear that the ingestion of phosphate of lime is not only indispensable for the reparation of bone, but that it is connected with the function of calorification.

In the second portion of his memoir, M. Mouries, starting from the principle demonstrated by Chossat, verified by Boussingault, taught by Berard, and now admitted by all physiologists, that diet is defective which does not contain enough phosphate of lime to repair the waste which is continually going on in the economy, attempts to prove that the food commonly consumed in cities does not contain the quantity of this salt which is required by nurses and pregnant women.

He commences by calculating the quantity of phosphate of lime which ought to be ingested in the twenty-four hours, which he estimates from analyses of the excreta at 110 grains. He then attempts to show that this quantity is not contained in the food of nurses in cities. The urine of women in the country contains 90 grains of phosphate of lime in the twenty-four hours, while the amount of this salt in the urine of women in cities varies from 20 to 90 grains. M. Mouries has sought to confirm his hypothesis by direct proofs; he has examined the food consumed in cities and shown that it exhibits a deficiency of one half in alkaline phosphates. He has examined the milk of nurses, and shown that in 18 healthy country women the proportion of earthy phosphates in the milk varied from 1.2 to 2.4 *per cent.*, while in the milk of ten Paris nurses the proportion varied from 0.5 to 0.9, and in seven others there was only a trace of phosphate of lime.

In the third portion of his essay M. Mouries adduces clinical

facts in illustration of the advantage of supplying this deficiency of phosphate of lime in aliments. In 13 cases, in which the proportion of phosphate of lime averaged 0.7, 75 grains of this salt with twice that quantity of albumen was daily administered in soup; in a week the proportion of earthy phosphate in the milk rose to 2.1. In five cases pregnant women were subjected to the same treatment; the milk, after delivery, contained 1.9 to 2.1 of phosphate of lime. Only three of the eighteen children died.

These results, though insufficient to determine such a serious question, are yet very worthy of attention. In the debate to which they gave rise, M. Gibert vehemently condemned the present tendency of chemists to interfere in medical inquiry. The question of lactation was a medical one, he said, and was only to be solved by clinical observation. M. Bouchardt, on the other hand, feared only ignorance, and was not alarmed at the application of chemistry to medicines, especially when its results were as inoffensive as those he had discussed.

From the Charleston (S. C.) Medical Journal and Review.

Observations on the use of the Tinct. Ferri. Mur. in Scarlatina. By H. L. BYRD, M. D., Professor of Mat. Med. and Therapeutics, Savannah Medical College.

During the present year, both erysipelas and scarlatina have prevailed to some extent in this city, and the latter disease has been attended with considerable mortality among young children. After having used the tincture chloride of iron, in erysipelas, with considerable success, as recommended by Dr. Bell, (page 126 of your Journal for last year,) and remembering the general sequela of scarlatina—often after the most favorable convalescence—I determined to give it a trial in the latter disease. My first impressions, as to its usefulness, were strengthened by the recollection, that chlorine had been recommended in scarlatina, and a knowledge of the value of mur. tinct. ferri, in the anasarca swelling, which so often result after an attack of that disease. My most sanguine hopes have been more than realized, experimentally in more than twenty cases. So much am I convinced of its value, that I would not willingly exchange it for all the other remedies which I have heretofore used, or seen recommended, in scarlet fever. I am not aware of the article having been noticed before. Should such have been the case, however, I feel it due to the profession, and to suffering humanity, that the fact should be as widely disseminated as practicable. I will leave others to determine its *modus operandi* and proceed at once, to the narration of some of the most prominent cases, and the peculiar circumstances con-

nected with them. The first case in which I used the mar. tinct. iron, occurred on the 10th July, 1853. The patient, a bright mulatto boy, aet. eight years, exhibited the eruption very distinctly, over the entire surface of the body and extremities; the throat was very much injected, and the ulceration of the tonsils had already taken place. I ordered the bowels opened with salts, senna and manna, and the tincture of iron given afterwards, in eight drop doses diluted with gum water, every four hours. Gargle—1 drachm of the tincture to 4 $\frac{3}{4}$ of water, every three or four hours. This case went on well, and in two or three days the patient was up about the chamber. The second case was the son of H. C., Esq., aged two years. The child was rather delicate, with fair hair and full blue eyes. On my first visit, (20th July,) I found the skin covered with the eruption peculiar to scarlatina. The whole surface seemed to be involved in the eruption; the tonsils were red and injected; the parotids enlarged and painful to the touch, the left particularly so; the pulse 150, compressible; tongue furred, except at the edges, which were red; considerable thirst; no action of the bowels since the previous day. I directed a dose composed of ol. ricin. \mathfrak{z} iii. sup. carb. soda, grs. ii. tinct. opii camph. gutt. iv. camphor liniment to be rubbed over the enlarged glands of the neck, and a flannel saturated with the same, applied afterwards; throat penciled three times a day, with a solution of six grs. of argent nitrat. to one ounce rose water. After the action of the oil mixture, the following was directed to be given in teaspoonful doses, every two hours, until visited again, viz: R. Salt tart. \mathfrak{z} i, mucil. G. acac, \mathfrak{z} iv tart ant. et Pot. gr. $\frac{1}{2}$, tinct. op. camph. \mathfrak{z} i, M; iced gum water allowed as a common drink. On my visit in the afternoon, I learned that the bowels had been acted upon once or twice, and the pulse was reduced by the last mixture, to 140, and the skin was soft, though not actually moist.

The child being delicate, and of somewhat strumous habit; and having been pleased with the success of the iron in the preceding case, and believing the indications even stronger in this one, I resolved to venture on its use at once. I directed mar. tinct. ferri. 50 drops, mucil g. arabic, \mathfrak{z} ii, M. a teaspoonful to be given every four hours. Suspend previous mixture and continue iced gum water.

On my visit the following morning, I found the skin less red; pulse 130; no action of the bowels since yesterday; urine somewhat increased in quantity; tongue clean and red; throat the same; glands the same; continue treatment to throat and neck; also, the iron as before. Evening visit—found the patient in much the same condition as at last visit: pulse 128. The next

morning the skin less red; appetite increased; tongue clean and red; some thirst, which, however, is rapidly allayed by the iced gum water; neck and throat the same. Ordered the castor oil mixture mentioned above; directed the iron treatment to be resumed after its action. Did not call again until the following morning, at which visit I found that the bowels had acted well the previous day; condition generally improved: pulse 118. The iron was continued, and the lunar caustic twice per day to the throat. The next morning the skin was much paler, the throat much improved, the pulse 110. The bowels being bound, a dose of castor oil was prescribed, and after its action, the iron was resumed. The following morning, I found all the symptoms so much improved, that I did not deem it necessary to continue my visits.

The epidermis had commenced to desquamate, and the throat appeared well, beyond a slight redness, which remained for a few days, as I subsequently learned. The patient continued improving for near two weeks, when he was taken with slight fever, after one or two rashes during the afternoon. During this attack, the glands of the neck, which had not entirely subsided from the first illness, became swollen and very painful, and despite of every effort, suppuration took place on the left side. I opened the abscess, kept it poulticed with flaxseed, and put my patient on the syrup of the iodide of iron in six drop doses, four times per day, with one-half a grain sulphate quinine, three times per day, and in a few days he was well. I have been thus minute in the details of this case as it was the only one out of twenty in which suppuration occurred; and, further to convey a correct general idea of the course usually pursued. In no case did anasarca supervene, and the cases were usually cured in from seven to ten days. It is proper that I should remark, that occasionally other remedies, as blue pill, rhubarb, etc., were found to be necessary; and in all cases, with one or two exceptions, I made an effort to lessen the frequency of the pulse, and to determine to the surface before commencing with iron. Minute doses of tart. ant. or ipecac, in combination with other diaphoretics, were used for this purpose; and in all cases in which the tongue grew dry under the use of the iron, it was suspended until that difficulty was removed. I found but few cases, however, in which the dryness of the tongue was traceable to the iron. I used demulcents and cool drinks, as asked for, throughout the disease. In one case treated recently, the infant child of the Hon. E. J. H., I used no other remedy than the mur. tinct. of iron. It was given in doses of from one-half to three fourths of a drop suspended in gum arabic water three times per day. Notwithstanding the throat was considerably inflamed, and the glands enlarged, this patient conva-

lesced rapidly, and was well in four or five days. The child was an infant at the breast, six or seven weeks old. Two other cases had previously occurred in the same family, in one of which I scarified the tonsils, and blistered the throat; finding both these expedients necessary to relieve the unusual inflammation and tumefaction of the tonsils which existed. It yielded readily to the iron, after the reduction of the high arterial excitement that ushered in the attack. In this case, complete desquamation of the epidermis occurred. The last case worthy of notice, is that of Ella, aged eight years, the eldest child of Dr. R. A., now under treatment (Dec. 2d). I saw her first, five days ago. The eruption was very distinct, and the throat considerably ulcerated; the tongue was coated with a brown fur, except the edges, which were red; the bowels constipated; pulse 145. I prescribed three grains each of mass hydrarg., pulv. rhei., and creta preparat. to be followed by castor oil in four hours. After the action of the oil on the bowels, the pulse remaining the same, and the skin dry, I used a mixture composed of sal. tartar. 3 ss, mucil. g. acac. 3 vi., tart. ant. et pot. gr. $\frac{1}{2}$ and paregoric 3 ss. in teaspoonful doses, every two hours, for ten or twelve hours; after which, the mur. tinct. iron was begun with and continued in doses of ten drops, three times per day, until this morning, when it was deemed no longer necessary. This case is alluded to, simply on account of the obstinate character of the ulceration and inflammation of the throat. I have used the mixture of silver in different proportions to the ounce of water without much benefit until yesterday, when a solution of twenty grains to the ounce was used. Gargles of tannin and pyroligneous acid, were also resorted to as auxiliaries during the intervals that the caustic was suspended.— A circumstance worthy of note was, that little or no swelling or enlargement of the glands of the neck occurred during the entire case. After the solution was used, as just stated, two or three times, without any perceptible improvement in the ulceration, I applied the solid nitrate of silver with complete success.

EDITORIAL.

The American Medical Association.

The seventh anniversary meeting of the American Medical Association was held in St. Louis, commencing on Tuesday, May 2d, and ending on Friday morning May 5th, 1854. The place of meeting being in the extreme West, it was not expected that the number in attendance would be equal to that of the previous meeting in New York City.

But we were happy to find a very large meeting, there being about 300 Delegates present, representing nearly all the States in the Union.

The Delegates assembled in Verandah Hall, a spacious and elegant room, at 11 A. M., and were called to order by Dr. Usher Parsons of R. I., first Vice President; the President, Dr. Johnathan Knight of New Haven being absent. Dr. Washington of St. Louis, in behalf of the Committee of Arrangements extended to the delegates and members a cordial welcome to the city and its hospitalities. The Secretary, Dr. Lemoine, read the list of Delegates so far as they had registered their names and received cards of membership. A recess of ten minutes was then taken to enable the delegates from each State to select one of their own number to represent them in the nominating committee, whose duty it is to recommend suitable candidates for officers of the Association. The time for recess having expired, the names reported as members of the nominating committee, were approved by a vote of the Association.

On motion of Dr. Atlee of Pennsylvania, the hours set apart for the sessions of the Association were from 9 A. M., to 1 P. M.; and from 3 P. M. to 6 P. M. of each day. The meeting then adjourned until 3 P. M.

On re-assembling in the afternoon the first Vice President, Dr.

Parsons, in the absence of the President, read a brief and very appropriate address. He called the attention of the members to those great and noble objects for the accomplishment of which the Association was organized, and at the conclusion alluded in feeling terms to the sudden death of several highly esteemed members of the Association, while on their return home from the last annual meeting held in New York. The address was listened to with marked attention and profit, and a copy of the same requested for publication in the transactions of the Association.

The committee for the nomination of officers appeared, and through their chairman, Dr. White of Buffalo, N. Y., made the following report viz :

For President.—Charles A. Pope, M. D. of Missouri.

For Vice Presidents.—E. D. Fenner, M. D. of Louisiana, N. S. Davis, M. D. of Illinois, W. T. Wragg, M. D. of South Carolina, John Green, M. D. of Massachusetts.

For Secretaries.—E. S. Lemoine, M. D. of Missouri, Frank West, M. D. of Pennsylvania.

For Treasurer.—D. F. Condie, M. D. of Pennsylvania.

The report was accepted and the nominees unanimously elected as officers of the Association for the ensuing year. A committee consisting of Drs. Storer of Boston, White of Buffalo, Brainard of Chicago, and Eve of Tennessee was appointed to conduct the newly appointed officers to their appropriate places. Dr. Pope being temporarily absent, Dr. Fenner was conducted to the chair and expressed his thanks for the honor conferred. Before the time for adjournment Dr. Pope came in and on being conducted to the chair, made the following remarks, viz :

“Gentlemen : There are occasions when the mouth is dumb because the heart is full. Such I feel to be my present position when I behold around me so many members of a noble profession. I am grateful for the honor you have conferred upon me, and however unworthy in other respects, I will yield to none in a just appreciation of the lofty and noble profession of which we are members. In this view, gentlemen, I feel that the honor was not so much intended for myself, as for the profession generally in the

West. For myself I return you the thanks of a grateful heart. I will endeavor to act to the best of my abilities, and again I thank you."

A Communication was received through the Secretary, from Dr. Joseph M. Smith of New York, chairman of a special committee appointed to devise some method of suitably commemorating the names of those members of the Convention who were accidentally killed at Norwalk, while returning home from the meeting of the association in New York. The committee stated that Biographical sketches of the deceased had been partially prepared and asked for time to complete the same and have them published in the transactions of the Association. The request was granted. Dr. John Atlee of Pennsylvania, who had been appointed at a previous meeting of the Association, to solicit means and procure a suitable block of Marble to represent the Medical Profession in the Monument being erected in the Capital of the Union, to the memory of Washington, reported that he had selected a suitable block of Vermont Marble and had employed M. Samuel Beck, an American Artist of much talent to place on it, as a most appropriate design, Vierdot's celebrated representation of Hippocrates refusing the presents of Artaxerxes, who invited him to go to Persia and succor the enemies of Greece.

The design was suggested by the late Dr. Pierson of Salem, Mass. Dr. Atlee presented to the Association a beautiful daguerreotype representation of the block of marble with the design on it. He also stated that about \$400 more would be required to complete the work. A part of this was promptly contributed on the spot; and we hope every member of the profession who wishes to see so good an object completed in the best possible style, will immediately send *one* or two dollars to Dr. John Atlee of Lancaster, Pa. The remainder of the afternoon session was occupied in listening to a communication from Dr. Ninian Pinkney of the U. S. Navy, and the reception of invitations to visit the residences of Ex-Mayor Kennett, and Drs. Moore, McPheters and Reyburn in the evening.

Most of the second day was occupied in the presentation of reports from standing and special committees.

The committee on publication recommended the sum of three dollars as the annual assessment, the payment of which should entitle the giver to a copy of the printed transactions of the Association. The committee also recommended an adherence to the rule that the names of all those who neg'ect to pay the annual assessment for one year, shall be omitted from the list of members. Both these recommendations were adopted, and the report referred to the committee of publication to be printed in the transactions. The Treasurer's report was received and properly referred. It stated the balance in the Treasury, in favor of the society to be about \$200.

The Standing Committee on Medical Literature made no report. That on Medical Education furnished a report which was received, and referred to the Committee on Publication without being read; the Chairman of the Committee being absent.

Of near thirty special committees appointed at the previous annual meeting only the following presented reports, all of which were referred to the committee on publication, viz :

On the Epidemics of South Carolina, Florida, Georgia, and Alabama, by Dr. D. J. Cain of Charleston, S. C.

On the Epidemics of Tennessee and Kentucky, (only a partial report) by Dr. M. L. Sutton of Georgetown, Ky.

On the Epidemics of Ohio, Indiana, and Michigan, by Dr. George Mendenhall of Cincinnati, Ohio.

On the epidemics of Louisiana, Mississippi, Texas, and Arkansas, by Dr. E. D. Fenner of New Orleans, La.

On Epidemic Erysipelas, by Dr. R. S. Holmes, of St. Louis, Missouri.

On the influence of Local causes on the origin and prevalence of Typhoid Fever, by Dr. N. S. Davis, of Chicago, Ill.

On the present and prospective value of the Microscope in Disease, by Dr. Donaldson, of Baltimore, Md.

The Committee on Prize Essays, through the Chairman, Dr. Pope of St. Louis, reported that nine Essays had been submitted to the examination of the Committee; that they had awarded but one premium, which was to the Essay entitled "An Essay on a new

method of treating ununited Fractures and certain deformities of the osseous system."

The sealed envelope accompanying the Essay was then broken and the name of the author found to be Daniel Brainard, M. D., of Chicago, Illinois.

In compliance with a request of the Association Dr. Brainard took the stand, and in a happy manner briefly explained the chief practical points embraced in the Essay.

It should be stated that none of the foregoing reports were read in full before the meeting, and some of them were acknowledged by their authors, to be in an unfinished state; but their completion was promised in time for the forth-coming volume of Transactions.

We very much doubt the propriety of such action on the part of the Association. It not only endangers the reception and reference of papers wholly unworthy, but it strongly encourages carelessness and delay on the part of committees, in preparing their reports. The reception and reference of half finished papers, is also calculated to delay and embarrass the action of the publication committee.

One of the greatest objections which has existed in the minds of many, against preparing elaborate and original papers for the Association, is the delay of six or eight months in publishing the Transactions. Hence we fear that the practice to which we have alluded, is directly opposed to the best interests of the Association and the profession generally.

After the reception and reference of the reports from Standing and Special Committees, the remainder of the annual Session was occupied with the appointment of committees for the ensuing year, the discussion of various topics, and the adoption of resolutions relating to the interests of the Association and the profession generally. The following constitutes the list of committees as reported by the Committee on Nominations and adopted by the Association viz :

Dr. Worthington Hooker, of New Haven, Conn.—On epidemics of New England and New York.

Dr. John L. Atlee, of Lancaster, Penn.—On epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

Dr. D. J. Cain, of Charleston, S. C.—On epidemics of South Carolina, Florida, Georgia and Alabama.

Dr. W. L. Sutton, of Georgetown, Ky.—On epidemics of Tennessee and Kentucky.

Dr. Thomas Reyburn, of St. Louis, Mo.—On epidemics of Missouri, Illinois, Iowa, and Wisconsin.

Dr. George Mendenhall, of Cincinnati, O.—On epidemics of Ohio, Indiana and Michigan.

Dr. E. D. Fenner, of New Orleans, La.—On epidemics of Mississippi, Louisiana, Arkansas and Texas.

Dr. James Jones, of New Orleans, La.—On the Mutual Relations of Yellow and Bilious Remitted Fevers.

Dr. D. F. Condie, of Philadelphia—On the Causes of Tuberculous Disease.

Dr. Joseph Leidy, of Philadelphia—On Diseases of Parasitic Origin.

Dr. A. P. Merrill, of Memphis, Tenn.—On Physiological Peculiarities of Diseases of Negroes.

Dr. Joseph N. McDowell, of St. Louis, Mo.—On Statistics of the Operation of removing Stone in the Bladder.

Dr. F. Pyre Porcher, of Charleston, S. C.—On the Toxicological and Medicinal Properties of cryptogamic plants.

Dr. Daniel Brainard, of Chicago, Ill.—On the Constitutional and Local Treatment of Carcinoma.

Dr. George Engleman, of St. Louis, Mo.—On the influence of Geological Formation on the Character of Disease.

Dr. Henry Taylor, of Mt. Clemens, Michigan—On Dysentery.

Dr. Horace Green, of New York—On the use and effects of application of Nitrate of Silver in the Throat, either in Local or General Disease.

Dr. P. Claiborne Gooch, of Richmond, Va.—On the Administration of Anaesthetic Agents during Parturition.

Dr. Charles Hooker, of New Haven, Conn.—On the Diet of the sick.

Dr. E. R. Dabney, of Clarksville, Tenn.—On certain forms of eruptive fevers prevalent in Middle Tennessee.

Dr. Sanford B. Hunt, of Buffalo, N. Y.—On the Hygrometrical state of the atmosphere in various localities, and their influence on health.

Dr. Frank H. Hamilton, of Buffalo, N. Y.—On the frequency of Deformities in fractures.

Dr. M. M. Pallen, of St. Louis, Mo., on puerperal convulsions.

Dr G. S. Walker, of St. Louis, Mo., on disease of the prostate gland

Dr H. A. Johnson, of Chicago, Ill., on the excretions as an index to the organic changes going on in the system.

Dr. Leroy H. Anderson, of Sumpterville, Ala., on the Typhoid Fever and its Complications as it prevails in Alabama.

Dr. W. H. Byford, of Evansville, Ia., on the Pathology and Treatment of Scrofula.

Dr. N. S. Davis, of Chicago, Ill., on the Nutritive qualities of Milk, and the influence produced thereon by pregnancy and menstruation in the human female, and pregnancy in the cow; and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supercede the present defective and often unwholesome methods of supply.

Dr. E. B. Haskins, of Clarksville, Tenn., on Microscopical Investigations of Malignant Tumors.

Dr. George P. Grant, of Memphis, Tenn., on the Sulphate of Quinia as a remedial agent in the treatment of fevers.

Dr. R. R. McIlvaine, of Cincinnati, O., on the Study of Pathology at the bedside.

Dr. E. S. Cooper, of Peoria, Illinois, on Orthopædic Surgery.

Dr. Andrew H. Jeeter, of Palmyra, Mo., on the *modus operandi* of the Envenomed Secretion of Healthy Animals.

Dr. Samuel M. Smith, of Columbus, Ohio, on Insanity.

Dr. Rene La Roche, of Philadelphia, on the Jaundice of Yellow Fever in its diognostical and prognostical relations.

Dr. Charles Quarles Chandler, of Rochepot, Mo., on Malignant Periodic Fevers.

Dr. S. B. Chase, of Portland, Maine, on Typhoid Fever in Maine.

Committee on Plans of Organization for State and County Societies

A. B. Palmer, M. D. Michigan; R. R. McIlvaine, M. D. Ohio
D. L. McGugen, M. D. Iowa; E. R. Peaslee, M. D., New Hampshire; Thomas Lipscomb, Tenn.

Committee on Medical Literature

Robert J. Breckenridge, M. D., Kentucky; O. M. Langdon, M. D., Ohio; A. A. Gould, M. D., Massachusetts; D. L. McGugen, M. D., Iowa; J. B. Flint, M. D., Kentucky.

Committee on Medical Education.

Wm. A. Anderson, M. D., Alabama; A. Lopez, M. D., Alaba-

ma; Andrew Murray, M. D., Michigan; F. A. Ramsey, M. D. Tenn.; R. D. Ross, M. D., Cherokee Nation.

Committee on Prize Essays.

R. La Roche, M. D., Pennsylvania; Isaac Hays, M. D., Pennsylvania; Alferd Stille, M. D., Pennsylvania; J. B. Biddle, M. D., Pennsylvania; George W. Norris M. D., Pennsylvania; Joseph Carson, M. D., Pennsylvania; Joseph Leidy, M. D., Pennsylvania.

Committee of Arrangements.

Isaac Hays, M. D., Penn.; G. Emerson, M. D., Penn.; Wilson Jewel, M. D., Penn.; Alferd Stille, M. D., Penn.; J. B. Biddle, M. D., Penn.; Francis West, M. D., Penn.; Wm. V. Keating, M. D., Penn.

Committee on publication.

Pliny Earle, M. D. New York; D. Francis Condie, M. D., Penn.; E. S. Lemoine, M. D., Missouri; Francis West, M. D. Penn.; Alden March, M. D., New York; E. H. Davis, M. D., New York; C. R. Gillman, M. D., New York.

On the question of adopting the report in reference to the appointment of Committees, a long and somewhat animated debate sprung up, a part of which was had in Committee of the Whole. The discussion had reference solely to the proposed Committee of Publication. Since the organization of the Association, the Committee having charge of the publication of the annual volume of transactions, &c., has been located uniformly in Philadelphia. At the present meeting the Nominating Committee reported a committee on publication, a majority of the members of which together with the Chairman, was located in New York. This was regarded as a direct proposition to change the place of publication from Philadelphia to New York; and was strenuously opposed by Drs. Storer of Boston, Atlee of Pennsylvania, and others, on the ground that the Philadelphia committee had heretofore discharged their duty well; that a change would be equivalent to a censure on them, and that the work could be done better in Philadelphia than anywhere else in the Union. On the other hand it was urged by Drs. White of Buffalo, Sayre of New York, Breckenridge of Kentucky, Davis of Illinois, and others, that the committee on publication was one of annual appointment, and that a change in it could no more imply censure on

those who had previously served on the same committee, than the changes made in all the other committees. It was further urged that if the publication of the Annual Volume of Transactions of the Association required at the hands of the committee a great amount of labor and time without any corresponding remuneration, then such labor should, by no means, be imposed on the same individuals from year to year; if such publication was of real advantage to the committee, or the Profession of the city where it was done, then surely such advantage, like all others connected with the Association, should be distributed as equally as possible.

Very few indeed were disposed to find any fault with the action of the previous publishing committee. On the contrary its Chairman, Dr. D. F. Condie, was uniformly complimented for his industry and faithfulness in the discharge of his duties. It was evident, however, that some thought the publication and distribution of the Transactions had been unnecessarily delayed; and others that an undue or disproportionate amount of expense had been bestowed on certain papers, such as that of Dr. Meigs in the last volume, &c. These objections were rather whispered than spoken out, and after a full discussion, the report of the Nominating Committee was adopted, as given above, by a decided majority.

We are satisfied with the result, not because we object to the action of the former committee, for we believe no committee can superintend the publication of the Transactions continuously from year to year, without accumulating upon themselves objections and faultfindings which will become numerous in proportion to the length of time they continue in office.

And hence, just so far as changes from one city to another can be made, and still secure the publication of the Transactions in proper style, we think they should be, that the burdens and the benefits of the Association may be distributed as equally as possible. After the adoption of the above report, including the action in reference to the Committee on Publication, the delegates from Philadelphia took the responsibility of presenting the

resignation of Dr. Condie as Treasurer of the Association, and Dr. Isaac Wood of New York, was appointed to fill his place. During the several sittings of the Association the following resolutions were proposed and adopted with little or no opposition, viz. :

Dr. Breckenridge of Kentucky, offered the following which was unanimously adopted :

Resolved, That the papers and documents of the Association, together with the plates and means of illustration belonging thereto, shall hereafter be the exclusive property of the Association.

W. W. Hill, moved that a Special Committee be appointed to investigate the physiological properties and remedial value of Alcoholic Drinks, and report to the next annual meeting of the Association. The motion was adopted, and Dr. R. D. Muzzey appointed the committee.

Dr. Breckenridge, of Kentucky, then offered the following resolution, which was carried :

Resolved, That hereafter the majority of the Committee on Publication shall be selected from the physicians of that city in which the Association may annually meet.

Dr. Atlee offered the following resolution, which was carried :

Resolved, That this Association earnestly recommend to their medical brethren in those States in which Societies do not exist, the immediate organization of State and County Medical Societies.

Dr. Atlee offered the following resolution, which was carried :

Resolved, That it shall be the duty of the Publication Committee to append to each volume of the transactions hereafter published, a copy of the Constitution of the Association.

The following resolution, offered by Dr. Gross, was also carried, and Dr. Gross was appointed by the Chair the committee designated :

Resolved, That a committee of one be appointed by the Chair to inquire into the causes which obstruct the formation and establishment of our National Medical Literature, and to report the subject at the next annual meeting of this Association, or as soon thereafter as practicable.

Dr. Gross, of Louisville, Kentucky, offered the following resolution :

Resolved, That hereafter it shall be considered disorderly for this Association to give costly entertainments.

Some discussion arose, and several amendments were offered—one of which was, that the word improper should be substituted for disorderly, and that liquor and cigars shall be excluded from such entertainments.

Dr. Coons, of St Louis, remarked in this connection, that the objects of the society had been more directed to efforts of entertainment than to promote science. Several members advocated the adoption of the resolution without reference to what had taken place, but to provide against the practice becoming an evil in future. The resolution finally passed as amended.

Dr. Guthrie offered the following resolutions, which were unanimously carried:

Resolved, That in the Secretary of the Treasury's recommendation to Congress to abolish or materially modify the duty on such crude drugs not producible in this country, as are used in the laboratories of the country in the manufacture of chemicals, we recognize a wise provision for the further protection of the profession and the community at large, from impure and sophisticated medicines.

Resolved, That a copy of this resolution be signed by the proper officers of this Association, and transmit the same to the Secretary of the Treasury and to the Committee on Ways and Means.

Dr. J. Berrien Lindsley offered the following resolution, which, on motion, was referred to the Committee on Medical Education, with instructions to report at the next Annual Meeting of the Association:

Resolved, That this Association earnestly recommend to the few Western schools which still retain the rule of making four years' practice equivalent to one term at College, the abrogation of said rule, as holding out a strong inducement and temptation to young men to enter upon the practice of medicine with little or no preparation.

Dr. Paul F. Eve, of Nashville, Tenn., submitted a resolution, which, after amendment, as follows, was carried:

Resolved, That a committee of three be appointed by the Chair, to report at the next meeting of the Association, the best means for preventing the introduction of disease by emigrants into our country.

The Chair appointed Drs. Dickson, Griscom and E. D. Fenner, a committee.

Dr. Linton, of St. Louis, offered the following, which, was also referred to the above named committee :

Resolved, That in the opinion of this Association, quarantine establishments afford no protection to States and cities against the invasion of epidemics such as cholera and yellow fever.

Dr. Fenn offered a resolution to the following effect :

Resolved, That the members of the Committee of Arrangements who are not members of the Medical Association, be invited to take seats in this Association, as members by invitation.

Which was carried.

Dr. French submitted the following resolution, which was carried :

Resolved, That a committee be appointed to enquire what State or other Society, represented in this Association, are in fellowship with irregular practitioners.

The following was offered by Dr. S. M. Smith, of Columbus, Ohio, which was carried :

Resolved, That a Standing Committee of ——— be appointed by the Association on the subject of Insanity as it prevails in this country, including in its *causative* as hereditary transmission, educational influences, physical and moral, social and political institutions, &c. *Its forms and complications, curability and means of cure and prevention.*

Dr. Samuel P. White, of the University of Buffalo, submitted the following resolution, which was carried :

Resolved, That the thanks of this Association be presented to Dr. J. Knight, late President, for the very dignified, courteous and efficient manner in which he presided over its deliberations, and that he be respectfully requested to furnish the usual address for publication.

The committee appointed by the American Medical Association to devise or consider some comprehensive plan for the more general, systematic and thorough investigation of subjects connected with medical science, made a report, to which was appended the following resolution :

Resolved, That the American Medical Association hereby recommends all Medical Societies to establish, in accordance with the plan detailed in the foregoing report, special committees for

the selection, investigation, collaboration and publication of all subjects of interest connected with medical science.

The resolution carried, and the report and resolution was referred to the Committee of Publication.

Dr. Atlee offered a resolution tendering the thanks of the Association, and of the individual members, to the citizens of St. Louis for their hospitality and kindness; also, to the Directors of the various Railroads and officers of steamboats, for the generous manner in which they have tendered their kind offices, which was adopted.

Dr. White moved that a vote of thanks be extended to the late Publishing Committee for their best endeavors to serve the Association, which was unanimously adopted.

A note of the entertainments, public and private, together with some other matters of interest connected with the recent meeting we shall reserve for the next number of the Journal.

D.

Lardner's Natural Philosophy, Course of Astronomy and Meteorology. Lea & Blanchard, Philadelphia, 1851. (Received from D. B. Cooke & Co., Chicago.)

THIS is the third and last of a valuable series of "Handbooks" on a subject ever interesting to the scientific physician. Although only collateral to the science of medicine, the subject of Meteorology which commences this volume presents strong claims to those who would read the great book of nature aright. Most of the operations of nature's harmonic institutions depend upon climatic and meteorological causes, almost inappreciable in a state of health, but sorrowfully apparent when the victim of disease.

The true nature of disease must remain hidden until we can discover "what is life"—not as an abstract conception, but a palpable entity; yet statistical science can advance our knowledge of the relation between physical laws, and those which govern the more subtle essence. Writers have ascribed many diseases, especially those of an epidemic character, to peculiar conditions of the atmosphere—electrical and hygrometrical, as acting *per se*, or

giving intensity to predisposing conditions, or more efficient causes. Dr. Prout found the air in London just before the cholera broke out there, in 1832, much heavier than usual. We consider that no physician can be an *observer* of disease, or advance its etiology, without knowledge of the principles of meteorology.

The work before us professes to bring the study "up to the day;" it cannot however, rank with other treatises on the same subject, indeed we think it far inferior to an indigenous work, by Brocklesly, Professor of Natural Philosophy in Trinity College, Hartford. The more voluminous and elaborate treatises on this subject are, *Kämtz' complete course of Meteorology*, *Muller's Physics and Meteorology*, and the paper in the *Annales de chimie et de Physique*, by Regnault and Pouillet.

The work begins with the subject of Terrestrial Heat. It is well known that the temperature of the earth decreases in going from the equator to the poles, but this decrease is not equal for the same latitude, but varies many degrees. This fact led Humboldt to establish his system of *isothermal lines*, or lines passing around the earth through places having the same temperature.—The decrease in temperature from the equator would be in direct ratio with our advance towards the polar seas, were there not disturbing causes—as difference in geological formation, presenting surfaces having unequal powers of absorption and radiation; the proximity of large bodies of salt or fresh water, mountain chains, primeval forests, littoral curvatures, configuration of coast, etc. Climate may vary on the same isothermal line, from the difference in vegetable productions; London, Pekin, New York are nearly on the same isothermal line, but their climates are extremely different. Climate is modified by elevation above the sea level; the thermometer falling one degree for every three hundred and twenty feet of altitude. After attaining an elevation of 15,730 feet in latitude 0°10' N. we find perpetual snow, and a mean annual temperature of 34°.

In connection with this subject, the author has not entered fully into the cause of variation of climate:—nor has he attempted to explain the interesting fact of the lower temperature of the

western continent, which is liable to more sudden and greater changes than the eastern, and the superior warmth of the western part of our own continent. We will assist him. On the eastern continent we find the Carpathian mountains in Austria; the Balkan in European Turkey; the Alps in Switzerland, the Appennines in Italy; the Pyrenees and the ranges of the Sierra Morena, and Sierra Nevada, in Spain, and in India the lofty ranges of the Grants, and Himalaya protecting the ultramontane countries from hyperborean winds. The borders of the Black Sea are colder than the neighboring countries, because the polar winds sweep uninterruptedly through the opening between the Caucasus and the mountains of Transylvania. On the western continent we find no barriers presented to the polar winds, they sweep from the frozen ocean to the Gulf of Mexico; they strike against the Rocky Mountains obliquely and become a N. W. wind, bringing cold and storms to the great interior valley. It is the alternation of polar and equatorial winds which causes the extremes of heat and cold, and gives a proclivity to such centripetal diseases, as Influenza, and pulmonary affections in the winter, and vernal months, and Colic, Cholera morbus, and its congeners in the hot season. In the middle latitudes of the Pacific the prevalent winds are from the S. W., these carry their mild oceanic temperature to the western coast of America, and produce that mild and equable climate, peculiar to the countries contained between the range of the Rocky Mountains in the north, the Cordilleras in the middle, and the Andes in the southern divisions, and the sea coast.

In chap. 111, we have the subject of hygrometry, together with a description of Daniell's, Saussure's, Le Roy's, and Regnault's hygrometry, and August's psychrometer. We consider that of Regnault the most delicate and reliable; but its expensiveness will preclude its general use. We sincerely hope to see this subject taken up by industrious observers: it presents a rich field for scientific investigation. The relation of the hygrometric condition of the atmosphere to our vernal and autumnal fevers is, we believe, more intimate than superficial observers imagine. We have, ourselves, noticed that the intensity of cholera, and malarious fevers,

has always coincided with a high "*dew point*." In the Mediterranean the pestilential Siroc comes loaded with moisture. Did our limits admit we would wish to take enter interesting details, in connection with the subject.

The subject of Hoar frost is very meagrely treated in sec. 2249. It has been observed that hoar frost forms first in valleys: this is due to the upward radiation of terrestrial heat, from the protection afforded by the surrounding hills. Our author has omitted this explanation.

The effects of atmospheric electricity on animal and vegetable matter are obscure, but not unobservable. There are but few of nervous-sanguine temperament who have not felt an indescribable sense of oppression and anxiety, of restlessness, and debility of the muscular system, immediately before a thunder storm—evidencing some palpable disturbance of the electricity of the body, by this subtle agent in the atmosphere. Its effects, too, on vegetable matter, are scarcely less mysterious. In the department of the Cote d'Or, Saone, and Loire in France, where the fine wines of Burgundy are produced, the fermentation of a whole vintage has been disturbed by a thunder storm. It would seem from this that electricity disturbs the production of carbonic acid, which Pouillet has observed to escape in a negatively electrified state.

While this book contains much valuable information for a student, it does not fulfill all its promises. Many of the subjects are passed over too hastily and some valuable matter, in an elementary work, wholly omitted. The style of Dr. Lardner is never attractive and this book forms no exception to the general rule.

W. H. T.

From and after the issue of this No. of the North Western Medical and Surgical Journal, Dr. N. S. Davis will take the place of the undersigned as one of its editors.

The well deserved and high reputation of Dr. Davis as a writer and teacher will be a sufficient guarantee to its subscribers, that hereafter, it will continue to merit what it has always had and is now receiving, a liberal support from the Physicians of the North West.

W. W. HERRICK.